

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	JH		05/01/01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		48	6/13/01
FORMALITY REVIEW	K	1019	07.27.01
RESPONSE FORMALITY REVIEW	A.M	530	10-04-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	4/13/01
2	4/13/01
3	4/13/01
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50	4/13/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet her

(LEFT INSIDE)

10-04-01
 263-856
 026/12/01